Data Exchange Focus Group Webinar

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1:00 pm CT

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Now I would like to turn the meeting over to your host, Ms. Caroline Westnedge. Ms. Westnedge you may begin, ma'am. Thank you.

Caroline Westnedge: [**Title Slide**] Thank you very much. Hi everyone. Thank you for joining us today on our Inventory Management Data Exchange Focus Group Discussion.

[**Slide 2**] Today we are going to be discussing data fields and the data request process. We will also follow up the meeting with a run-through of our schedule for the next few meetings.

I am going to turn our meeting over to Ben Erickson to start our discussion on data fields.

Ben Erickson: [**Data Fields Spreadsheet**] Hello everybody. Thank you all for your patience. As we get this thing kick-started, today we are going to go over the data

elements after we have taken all the discussion and comments from the last time we met.

I took back the comments and put something together and presented it to our leadership, and put together a consensus of what we can do to meet the needs of our leadership, as well as meet the needs of everybody -- you all -- to be able to provide elements.

We are giving you a behind the story so you have knowledge that these data elements are not necessarily just being brought up from nowhere. We vetted these specific elements as we did with H1N1. We basically asked how much Tamiflu 75, 30, 45 you have and then the Relenza.

We basically asked for aggregate counts of all the local levels and then if you have a regional distribution site or a state site and to provide us the total number that you have.

Moving forward, from what I learned from our leadership, people above our leadership want to know a little bit more specifically what products are at what level. Instead of aggregating the counts they want to break it down by facility versus aggregately rolling together all the local facilities and represent inventory product-type counts.

With that, if everybody can see we are on that Excel sheet. Once we get this finalized and moved forward we will provide this out there so that this can be used as a template for you all to take back to your existing systems and see what can be done and what modifications need to be configured to get these elements.

When I put this together I tried to make it as simple and black-and-white as possible so that it does not cause any confusion. The facility name, as we discussed before, is basically for us to be able to identify the name of the facility, whether a state RSS or a regional distribution site.

Typically in most facilities I have come across in going through H1N1, there is a particular name about it whether it is a pre-identified point of dispensing or if it's a private physician's office or a pharmacy that typically will have some form of name attached to it.

This is what I was getting at to where when you start talking about the local facilities this is basically going to list out all the different local facilities you have and then the products that we are going to be asking for. Like I said with H1N1 it was the Tamiflu and the Relenza based off of each of these facilities, then being able to identify if it's a state, regional or local facility, and then the facility type. Can you switch to the other screen?

You all may remember that the facility type is what we did during the Medical Countermeasure Situation Report during the H1N1. It basically tags that facility type towards a category only applicable to a local jurisdiction.

If it is a CVS or a Walgreen's that would be a commercial pharmacy, and so on and so forth. Typically this list came from going through H1N1. We were able to tweak it a little bit and configure it to meet just about all the locations that we went through with H1N1.

We found out that pretty much everything fell into one of these categories. We can tweak it, add to it and change things around a little bit. This is pretty much the facility type template that we grabbed from H1N1 because the dispensing

to the local facilities was unique as we did not obviously know where all the local areas were.

Another thing that came up was the city name. We had tried to see if we could ask for the zip code of the location of the facility rather than the city name. That would be best for us because there are some things that we are working on moving forward in the near future that would be able to utilize that. Not to give too much away, this would be able to give you all more control for visibility of what is in your area for coverage, et cetera.

I cannot give everything away. But we want to be able to utilize the zip codes to give us a better bearing on the local areas without having to pinpoint specifically an address since some facilities are not used on a day-to-day basis for either storage or for dispensing.

Does anybody have any questions yet? Yes/no questions are good questions.

Now we call the product description in the push-package file a long description. That is basically what this is here, which is just a backup data set that can be mapped with our push-package file. It is a standard field that gets imported in.

This one is just basically we are asking just for a backup to make sure that we collect the information that we need in case there is some issues with numbers so we do not have to go back and re-verify with everybody if there is an issue with a particular number.

One of the things that we were working on was how prescription products are one thing but when you start talking about medical surgical products it's more difficult to be able to capture the right information, at least from what I know

and have researched with the FDA and the other agencies that deal with this stuff typically.

We are trying to capture both the prescriptions and the non-pharmaceutical products that are in our formulary as well.

We re-looked at the NDC code with a lot of communication with everybody, and I appreciate all the feedback.

We are going to rely more on the NDC number. As you can see, based off that NDC number we will be able to collect pretty much all the information we possibly can need.

That is assuming that the NDC codes are good. We have internal tables that we can use to verify that the lot number - or the NDC numbers are matching up to the product name and everything else.

MacArthur Louis: Can you share that list with us? This is MacArthur Louis from New York State Department of Health. Can you share the list of NDC code to the names with us so that at least we can do a compare down here?

Ben Erickson: You can get them off the FDA Web site. The FDA Web site has a lookup feature where you can look it up online. It's one of those API formats. Or you can actually download the data files yourself.

All of our data is combined and put together into our internal server database to use as a reference table for us once we receive the product. I can talk to you offline if you want to see if we can link you together to get that information if you want.

MacArthur Louis: Sure.

Ben Erickson: Okay.

MacArthur Louis: We already have NDC code. I just want to make sure that the accuracy of our data exists before we go too deep and find out that we are sending you stuff and it's getting rejected because of NDC code not matching.

Ben Erickson: It is not going necessarily be rejected, and we are going to get into this a little bit later about transmitting the data and then once we receive it, we will go through a verification to make sure there is no immediate red flags.

MacArthur Louis: Okay.

Ben Erickson: The last time we met AJ had a very good, valid point about using the NDC code a little more, not necessarily a more realistic approach but using it in a better way to not have to ask more information than we really need to.

We are going to do that now and then be able to capture pretty much everything you see in green.

When we move forward, the one thing that we start to have issues with when collecting information is, again the medical surgical products. Obviously there is the lot numbers and the expiration dates for products that do have the expiration dates.

But then when it comes to the product's name this is going to be tied towards more of the non-pharmaceutical products. Unless someone has a better way of how we can be able to pick out non-pharmaceutical products when you all

send it that would be appreciated. But the only thing I could think of is just have a field to point to the name of the non-pharmaceutical product.

Nobody? Okay. I guess that is good then.

Again if you all have comments you always can email later if you do not want to be put in the spotlight on here.

Pretty much everything that I have identified in the columns will explain whether it is related to prescription or non-prescription products. For N95 masks, the catalogue or stock number comes right off the 3M Web site. There is also the size and number of units per case.

Again we are relying on the NDC code more now. By indicating how many cases you have on hand, this will tell us how many individual masks you have.

Or you can report on hand units, meaning how many individual masks you have. You have the option to either/or as long as we are able to get down to that individual amount we will be able to collect down to that pill number.

From the NDC code we will be able to tell at least on our pharmaceutical products the package size how many pills there are per bottle. Then if you tell us how many bottles there are per case and how many cases we will be able to get down to that level that we need.

Now I want to caveat on one thing just to make sure that we are clear. During H1N1 we are asking for this stuff to be aggregated to represent a local snapshot of inventory. Now we are breaking it down by local facility.

This is why we are using what was inside the PHEP capabilities list of required elements that we should at least have visibility on. Also the funding announcement to be able to enhance your existing systems to basically get a report to collect that information, because inevitably the goal of this is to have a system that does this automatically so there is very little interaction or it takes the burden off of you all to be able to provide that data.

When it comes down to providing it by a local jurisdiction typically the procedure was that -- again using H1N1 as an example -- we would tell our consultants, "Hey we need this, this and this product. Start reporting on a weekly basis."

Again that goes to the capabilities guidance that will tell you what products we need to have reported to us and that should be the trigger to just start rolling with it. That is pretty much all that needs to be done.

The end goal is to have everybody linked together and to have it automatically roll up and spit out and then be done with it. That is moving forward in the long term but I just wanted to clarify and bring things back to the original scope that these are the data elements that we are being told from above us -- being the CDC leadership -- that they need to have a scope on instead of just "I have X and Y and Z," and being done with it.

Does anybody have any overall questions or anything or thoughts?

Mike Magner: Yes, this is Mike from Virginia.

Ben Erickson: Yes. Hey Mike.

Mike Magner: I do have one question. If we are relying on the NDC number and that is telling you how many cases it is or how many is in a case previously in the past we have had the ability to split a case and then give the contents of the case individual item numbers so we could track them with our system.

If we wanted to split a case of 100 and, say send 50 to one POD and 50 to another POD we had the ability to track that. However, I do not know how that would work if you are going by NDC number, if that shows up as all of a sudden being twice as much or how that works.

Ben Erickson: You would take a case and split so that you can send it down to two different local areas?

Mike Magner: Right.

Ben Erickson: Well do you know - I have to put it out there that we usually do not tell people to split cases. But everybody has to do what they have to do to, especially when it comes to apportioning to get stuff down to the local levels.

In the local area I would see that they would be able to provide by individual units which will be the bottles.

Mike Magner: Right.

Ben Erickson: Locals do not handle the amount of volume that the state does, for obvious reasons. Typically the local areas would be reporting individual amounts but they will have the capability to do both. From what I experienced they would be reporting bottles versus cases and cases and pallets and stuff.

Mike Magner: Right. But would you put in the NDC number for that item? It's not like you can create a new NDC number for a piece of a case or can you?

Ben Erickson: No, you are right. Yes that does actually bring up a good point.

Betty Baker: This is Betty. Actually the information that we are going to get out by using the NDC code is how many tablets are in a bottle, not how many bottles are in a case. The reason for that is the people would ship it to you could, if you placed a large order, put more bottles in the case to you than somebody who placed a smaller order.

                 You can repackage that, of course and that would end up being a record from each one of those two locals. Each one of them would have to tell us how many bottles they got in their box and how many boxes they got. Or they could tell us the number of bottles.

Ben Erickson: Actually you just brought up a point that even if you split up a box it still will not matter on the NDC code because the NDC code only represents how many pills there are per bottle versus how many bottles per case.

Mike Magner: Yes, okay.

Ben Erickson: For some reason it did not click with me until Betty happened to say one word and it just clicked on me.

                 You will still be able to use the NDC code as long as you do not rip open a bottle and start splitting bottles.

Betty Baker: Yes, so what could actually happen is if you had different sizes of cases for the same thing in your system you would probably have two records in your

system, one which would include what the case size was for that particular case. You could have two different locations and could have it packaged differently in cases plus the warehouse could, and that would result in a record.

Mike Magner: So when you get back to you are trying to figure out our aggregate count then you really need not just the NDC code but also the number of cases and the number per case.

Betty Baker: Right.

Mike Magner: Okay.

Ben Erickson: Yes because that is going to be the one variable that we are missing out of that NDC code is we know how many pills there are per bottle but then we do not know how many bottles there are in each case. That even goes for PPE.

A perfect example I keep using is N95 respirators: there are five different units per case per different manufacturer. Being able to fill in that one blank will pretty much bridge that gap to collect either if you want to report via individual units, which would be an individual mask if you are at a local area, or if you handle it on large scales you can handle it by case.

If you handle it by case you got to tell us how much is in each case.

When we move forward we are going to finalize this if we do not get into big comments or concerns that come out of this. Then we will be able to provide that so that you all can start working with your systems to be able to point to the different items that are going to be pulled in.

AJ Lorenzen: Ben, this is AJ. I have one question.

Ben Erickson: Yes sir?

AJ Lorenzen: And it's not about NDC numbers. Everybody can be relieved here, I could feel the relief. When we report are we going to have the ability to just report in whole numbers? This relates to the previous question: could we report a 0.5 case? Or is it just going to be whole numbers?

Ben Erickson: I would say that rounding down would be the best. Typically we never round up or do halves and...

AJ Lorenzen: Well I was just thinking if somebody did split a case that if they wanted to and they have reported everything else in cases, they had the ability to report a half of a case or a quarter of a case? It was just a question. I do not have a preference. Some of my software I can distribute, I can put in tenths of a case and some of the software that I use requires just whole numbers.

Is it a whole number input or is there ability to input fractions?

Ben Erickson: I think initially the plan is to do just whole numbers. However that does bring up a point and I think for local jurisdictions that are reporting and they do have broken cases -- which usually will be the case -- again I think that a local area would only be reporting by on-hand units versus on-hand cases, maybe.

It is hard to say what a place could have. I will bring it up and see what could be the best solution for that. But the plan initially is just to do whole numbers.

You know, again we also know that...

Betty Baker: We could get around that because if it's normally a case of 1000 and you've got half a case that means the case holds 500. You could still report you have one case of 500 units.

Ben Erickson: Yes, that is a good thought. If they use on-hand units, that is an obvious solution. But if they are doing by cases it is reporting half cases. Let me put it down on the list to talk internally, and then we will discuss it as our closeout topic maybe for the next one.

The initial plan is just to do whole cases. We know that all the data that gets reported is self-reported data. It is not going to be 100% accurate and then we may just have to chop that up saying the random one or two boxes here and there that may be broken to round down. We always try to round down than to, say, overestimate.

I will put it down on our list and talk and then I may close the loop with you and see if there is a solution that solved it.

All right, just give us a minute here so we can move back to the presentation.

Caroline Westnedge: [**Slide 3**] Now we are going to move to the data request process discussion. I am going to turn it over to Betty to lead that discussion.

Betty Baker: Okay. Hi guys. This is the way the CDC intends to let you all know what products they want and how frequently they want that to be sent to them. The CDC will develop a list of products and determine a reporting frequency for some products that they are interested in.

Then they will notify the SNS coordinator of this request that they are preparing. I understand the H1N1 process worked similarly to this. Ben would you like to speak to us about how that actually worked?

Ben Erickson: Yes. For those of you that may not have been around during H1N1 -- and I am not going to go into great detail -- typically when this whole thing during H1N1 started about requesting inventory we basically told our program service consultants to contact their project area and tell them that they are going to start and we need the information.

They basically said we need the Tamiflu 75, 30, 45 and the Relenza and the different PPE. Then we basically outlined that we would need it on a weekly basis. And then after things slowed down we turned it into monthly reporting.

This is the one thing that I wanted to throw out there is the procedures to have that done is -- this may not be the appropriate venue to ask that -- to have our program service consultant and PPB at the stockpile to contact the SNS coordinators to initiate data reporting requirements. Is that workable?

MacArthur Louis: This is MacArthur Louis from New York Department of Health. We have a single point of entry so your guys would contact us and let us know and then we would comply.

Ben Erickson: Okay. That sounds similar to the responses that I have received offline from a few others. Our consultants will contact their appropriate project areas to start the ball rolling.

Again the whole, big picture is to try to automate this as much as possible. But we also have to take in consideration that there is usually need-to-know information that needs to go to certain individuals within your state or your

project areas to be able to initiate it, to manage it, to verify it and all that good stuff.

MacArthur Louis: Right.

Ben Erickson: We will bring this up in other venues. The plan is that if there is not any direct negative feedback from what we went through with H1N1 we probably will do the same thing where we will initiate the start of what items specifically are we going to be requesting and then as far as frequency of reporting.

Betty's going to talk a little bit more about the format and all that stuff.

Mike Magner: Right. Just a complaint from Virginia. It's Mike from Virginia again.

There were a couple of problems that we had back during H1N1. One was that the product got shipped to us and then shipped out, and then we were asked after the fact to then go back and account for everything according to their CDC format.

That required us to do a lot of legwork. Having those information requirements up front would have been very helpful.

Ben Erickson: One of the things that we are working on with you all - some of you all that may be involved in that or not is we are working on the new guidance Version 11 coming out.

I am working on the inventory management piece. Basically what I had done is I specified specific elements that will be needed to be incorporated in the

knowledge of the inventory where everything is at, the lot number, the NDC code expiration date, and the typical things.

Again I basically my leadership threw a book at me that is the capabilities document which identifies what items need to be controlled and that need visibility on from top to bottom. Those also need to be available to the federal government in general.

Mike Magner: Right. I understood that that was the whole point of this process was so that next time we already know ahead of time what the process is, and that it is not a request coming to us after the fact.

Ben Erickson: Yes, and we are definitely taking that approach of being proactive. Obviously we will not know what type of product we are going to need to have reported to us but at least what elements specifically -- like on that Excel sheet we are basically setting up the standard of what data elements specifically are going to be needed to report us. Then the only variable will be the products themselves.

Mike Magner: Okay.

MacArthur Louis: Well, I am not following. Why can't we be more specific? We get the same products all the time.

Ben Erickson: Because during H1N1, it was Tamiflu and N95 masks. What happens if there was mass prophy event and we need other products? We need inventory on that instead.

MacArthur Louis: Okay. I thought you meant by product that you are talking about the reporting-type products and not the inventory products.

Man: It will vary, so like week 1 they are going to ask for Product A. In week 2 they are going to ask for Product B and then...

Ben Erickson: Yes, typically it will be just like what we did with H1N1 but in a better heads-up notices. We are going to say on a weekly basis we are going to need to know what on-hand inventory you have of these products, whatever that may be.

Then the elements that are included in it is also the information we need so we do not have to go through it every single time and say lot number, NDC code, expiration, et cetera. It will just be the same information but again the product will just differ.

Betty Baker: Okay. Here is hopefully some good news for some of you. What we are going to do it we are actually going to provide an electronic version of that request that'll say, "This is the reporting frequency and this is a list of products we want."

We will provide that in both XML and Pipe delimited formats since those are the two formats we are asking you all to reply in. That file will be made available to you so that you can actually programmatically load that into your systems and trigger the reporting process instead of getting a piece of paper or an email and having to go in and hunt up individual pieces of information and find out and include them in the report.

MacArthur Louis: Can I ask a question?

Betty Baker: Yes, go ahead.

MacArthur Louis: This is MacArthur Louis again. Is this XML and Pipe delimited format Java sample?

Betty Baker: Yes, we will have in the data exchange specification documents we have some examples of what those two files will look like. I do not think we actually showed an example of that in the previous work group. XML is Extensible Markup Language. The difference between them is it has labels and you can exclude columns.

The Pipe delimited has no labels and you can't exclude any columns. You have to leave a space for anything you are not sending.

MacArthur Louis: Right, but why not have just both files as XML?

Ben Erickson: We are basically giving you the options for jurisdictions that do not necessarily may have the capability. Everybody should.

Guy Faler: Yes, well I think the confusion is that both the list of products and the reporting frequency are going to be in one file. You are going to have your choice to use either the XML version or the Pipe version.

MacArthur Louis: Okay, because the way I was reading it says XML and Pipe delimited formats. So it's either/or.

Ben Erickson: Yes sorry about that. It was clarified and again, what I talked about earlier is the whole point of this is to be able to automate that stuff. And then when we are talking about this we went way in the weeds to talk about the processes to put that stuff together and everything else.

And what we wanted to do is provide an electronic way for your system to be able to pull that file, whether it's one or the other, to produce the elements that we are going to define in it to send back to us.

MacArthur Louis: Okay. We are good with that. Now it says loaded automatically or manually. What are we using as a data transport to you?

Betty Baker: You would be using PHINMS to transport to us.

MacArthur Louis: Okay, so just send with PHINMS. Okay.

Betty Baker: We haven't determined how we are going to put that file out there for you yet. One of the options might be PHINMS. Another option might be to provide it at a URL so that you could go out and get it. Or actually your system could automatically go out and it could search for it by URL.

At this time we haven't decided the best method.

Ben Erickson: I think what we are going to do moving forward is the next data exchange call we are going to talk a little bit more about that PHINMS capability because that is the basic way that data is being exchanged to the CDC.

We are going to get into that a little bit more in the next call that we have, but we want to just lay the groundwork of what data elements specifically are we going to be needing and then talk about how the template will come via the XML or Pipe format.

MacArthur Louis: Okay. Thank you.

Betty Baker: All right. The last bullet on this slide indicates how we want this process to continue. Once a request has been sent out from the CDC and you start sending your reports or your data at the required frequency you will continue to do that at that frequency until you receive another notification by the CDC of possibly a different list of products or additional products or a change in reporting frequency.

The idea here is that even when there is no event that we are concerned about we have probably at least once a month something being reported. This is to make sure that we are still able to receive data from everybody in case an emergency were to occur.

So at the end of an event you would get another request that says, "Once a month please send me the amount of some single product."

MacArthur Louis: Somehow this does not seem to be - this seems to me require a lot of manual interaction because we are switching gear every time.

Ben Erickson: No what it is going to come down to is when there is an event chances are we are not going to be changing products. Again the only thing that we adjusted in H1N1 is we got rid of the gowns and the footies and PPE stuff that we initially were asking for, and we focused in on the N95 respirators.

That would be the only change that we have. Per that guidance the capabilities document, it's a weekly basis reporting. Obviously we do not want to do it daily. I do not want to have to deal with it on a daily basis. Weekly was that medium to where it's getting enough information to be able to report and then we can slow it down as we go on from there.

During an event it's going to be on a weekly basis for reporting. If there are any modifications for what products, let's say the people above my leadership say that they need these products and then all of a sudden that changes and they need to make adjustments and include additional products.

That is purely all that is talking about is just adding a different particular item whether it's antivirals and then all of a sudden it's something completely different for it to report back to us.

That is the only changes that will happen. Then once we tell it that everything is fine, to stop reporting we will do the same procedure. We will have our program service consultant contact us and as coordinators say, "Okay we are done with that."

After an event, basically we are trying to set up a way so that there can be a standard reporting once a month that can ensure that the connections between your existing system and the reporting to CDC still works.

What we are trying to do is set up a template that can be done where it can just put a particular item in there and have that transport to CDC to ensure that everything works so that the next time there is an event there isn't that hurry up and rush to try to fix it after the event started.

Does that help at all?

MacArthur Louis: I am still not clear but I will go along with it.

Ben Erickson: We could talk offline and I can clear things up and explain things in a different way if that'll help you at all.

MacArthur Louis: Okay, please.

Ben Erickson: Okay.

Betty Baker: Our goal here is that if at all possible you can automate the actual counting
                  and transmission process so that when it's set up you've got it set up with
                  some kind of frequency timer and it just does it automatically from your site
                  whenever the - whenever it's supposed to occur.

MacArthur Louis: Right. So from our side let's say we did go with the PHINMS route approach.

                  We could do a scheduler from there that says extract Product A through F and
                  send it out to you weekly. It will do that. It will drop it into a directory;
                  PHINMS will pick it up and send it to you. It will be in XML format.

                  If tomorrow you say, "Well I do not want A through F anymore; I only want
                  A through B," it doesn't know that. The scheduler doesn't know that because
                  it's programmed to give you A through F.

                  Now we have to modify it so that it gives you A through C, because that is all
                  you are interested in this time, which is why I am saying it requires some
                  manual intervention. If we are scaling back on staff and requests are being
                  made to modify A through F then it's a manual process and no longer a fully
                  automated process anymore.

Ben Erickson: Well to help out and clarify some things, what would be the best way to make
                  modifications to data collection of particular products that are in the basic
                  limelight of the federal government?

MacArthur Louis: We do not know what you are looking for so if all the products we have are A through F why do not we give you all A through F?

Ben Erickson: Well, I see where you are getting with that. Initially I actually was looking at that. If you think about that, A through F from every local facility and A through F at every regional and state is a ton of information.

And I am all for that. However, the capabilities and the size of that are beyond my comprehension.

MacArthur Louis: Right.

Ben Erickson: There are two ways of looking at it. Initially were saying, "Give us everything," which some areas will say okay and some will say that is not going to happen, and rightfully so.

We want narrow it down to focus in on -- again, what we dealt with during the H1N1 -- particular products that our leadership are going to need visibility on and then move from there and notate that there will be hassles. If the chance of products changing exists, there will have to be some tweaking of A through C instead of A through F.

MacArthur Louis: Okay.

Ben Erickson: I am putting it out there. I am not saying it has to be one way or another. I am just trying to find out the best way with the goal is to fully automate it, however there has to be caveats that things change over time where if there is multiple events with different products being used at different times, how can we tell everybody that we need to collect this information now instead of the original one because there is a new event?

MacArthur Louis: Right. Okay.

Betty Baker: That is why we felt that it would be good if we could provide you an electronic version of the request so that you did not have to go type this stuff in if you had a way to receive that electronic version into your system, like a pick-list of sorts that your system can see from that electronic file which products it has to send this time.

MacArthur Louis: All right. Then your way is that you are going to make an inquiry and we give you the results back?

Betty Baker: Yes.

MacArthur Louis: We can work from there. All right. That explains things a little bit easier because I was trying to understand what you meant by you giving us an electronic file. Okay. I am fine. All right.

Betty Baker: Yes, it's just going to be a little file that says something like, "We want 30 milligrams of whatever individual products we want." Then it will say, "And we want you to do it once a week."

Ben Erickson: This is the kind of thing that we were all talking about earlier where we started talking about it and we got in the weeds of procedures of what you all normally have in place to collect that information, to package it, to send it out.

I think one of the things that came up is we can easily automate this completely to just get the information that we need and be done with it. Some will be okay with that and some will not.

We are trying to ride that fine line to say, "We are going to send this product to you. Do you want to press a button and say you approve sending this information from your inventory, or do you just want to just roll with it and then pull what we need and be done with it?"

MacArthur Louis: All right. So then on our side we will treat what you are sending us as a service request and we will treat it as we have a web service that takes your request and then spits out the output for you.

Betty Baker: Yes. That is the idea we had.

MacArthur Louis: Okay. Cool. We are good.

Betty Baker: And try to reduce people having to go do stuff.

MacArthur Louis: Okay.

Ben Erickson: One of the things that we just have to make sure we take care of is the places and facilities that do not have that type of infrastructure that you do. Obviously there are definite limitations in some project areas that do not have near the capability of - that others do.

We want to be able to provide different ways for them to do it, either fully automated or hit an approve button to change the products or whatever the scenario is. That is why we just want to put different options out there to make sure we can capture all the different unique systems that are out there.

MacArthur Louis: Okay. I guess that is next week's conversation on the transport. You all do not intend on doing web services either, right? Earlier somebody mentioned we go to a URL and grab the information.

Betty Baker: That is a possibility right now. If that turns out to be the easiest way for some of the project areas to get the data of the request information we might provide that. We do not know yet because we have just started poking into this area.

MacArthur Louis: Okay. Well, if not we could have it bidirectional -- you drop us a file in PHINMS and our PHINMS will keep looking at the directory. If something is in there that becomes the inquiry that is made, if we are going to grab it, process it and the output will get put into our outbound PHINMS where you can grab it. We could do that.

Betty Baker: Yes, that makes a lot of sense to me. We just want to make sure that we are doing something that is usable by everybody.

MacArthur Louis: Okay.

Betty Baker: Okay. Well that is all I have.

Caroline Westnedge: [**Slide 4**] Okay, well we will move on to close out the meeting. This is the schedule moving forward. Our next meeting will be June 9 at 2:00 pm and just be on the lookout for details about that meeting.

[**Slide 5**] Here is our contact information.

Before we close out are there any other questions or comments?

MacArthur Louis: I know you all do not want to send out the data layout yet. Our team is still asking me for the draft so that they can have a leg up now that we know you are looking for an XML file. They can start working on the query to extract the data and create the service that is going to create the XML file output.

Ben Erickson: Man, you all are ready to jump on it, aren't you?

MacArthur Louis: I have a crew that, once you put the list out, everybody gathers around and divvies out the tasks.

Ben Erickson: Well I can appreciate that. We will work to get that out as soon as possible but we have to close the loop on those data elements to make sure all that is straightened. I can work with you offline to get the time of when that will be available, because we have to vet it through internally here to get that ready to go.

MacArthur Louis: Okay. Yes, because when we did the milestone report, our deadline is so close. If there is a certain timeline we do not get this first data extraction rolling and if we run into any kind of a data transport issue it will have an impact. So we might have to wait for the next iteration to get the data if you look at inquiries sooner.

Ben Erickson: Well we will try to get the set approved and ready to go as soon as possible.

MacArthur Louis: Okay.

Ben Erickson: We will take that into consideration, for sure. I am sure you are not the only one in that thing.

MacArthur Louis: All right, I do not have any more questions. Thank you.

Caroline Westnedge: [**Slide 6**] Thank you. Is there anyone else? Well if you do have any comments or questions please send them to crahelp@cdc.gov. If you would like to review our slides or the transcript or the recording from this or any of

our previous meetings, this is the location for them and I will leave that up on the screen if you want to jot that down.

Thank you everyone for joining us today and we will talk with you in two weeks.

Coordinator: Thank you and at this time your call has concluded. You may disconnect at this time. Once again, your call has concluded. You may disconnect at this time. Thank you and have a great day.

END